

BOONE GROVE MIDDLE SCHOOL

325 West 550 South
Boone Grove, IN 46302
Phone: 219-462-1032 ext. 3000 Fax: 219-465-0999
Robert Lichtenberger, Principal
Karen Krause, Secretary

REQUEST FOR STUDENT RECORDS

Student Name: _____ Grade Last Attended: _____

Birthdate: _____ Former School _____

Address: _____

Phone: _____ Fax: _____

Please send the following information:

Student has in File:

	<u>YES</u>	<u>NO</u>
• Complete Transcript of Grades	<input type="checkbox"/>	<input type="checkbox"/>
• Test Scores	<input type="checkbox"/>	<input type="checkbox"/>
• ISTEP Scores	<input type="checkbox"/>	<input type="checkbox"/>
• Attendance Records	<input type="checkbox"/>	<input type="checkbox"/>
• Discipline Records	<input type="checkbox"/>	<input type="checkbox"/>
• Health Records	<input type="checkbox"/>	<input type="checkbox"/>
• Grades in Progress	<input type="checkbox"/>	<input type="checkbox"/>
• Special Education Records	<input type="checkbox"/>	<input type="checkbox"/>
• Case Conference Notes	<input type="checkbox"/>	<input type="checkbox"/>
• IEP	<input type="checkbox"/>	<input type="checkbox"/>
• 504	<input type="checkbox"/>	<input type="checkbox"/>
• RTI	<input type="checkbox"/>	<input type="checkbox"/>

I _____ give _____ permission
(Name of Parent) (Name of Former School)

to fax all the above mentioned educational information to Boone Grove Middle School at (219) 465-0999.

Date of Request